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**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of Nicaragua

Proposed UNFPA assistance: \$11.4 million, \$8.4 million from regular resources and \$3.0 million from multi-bilateral and/or regular resources

Programme period: 4 years (1998-2001)

Cycle of assistance: Fifth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	6.0	3.0	9.0
Population and development strategies	1.8	-	1.8
Programme coordination and assistance	0.6	-	0.6
Total	8.4	3.0	11.4

NICARAGUA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%) ¹	73.0	≥ 60
Contraceptive prevalence rate (15-44) (%) ²	49.0	≥ 55
Access to basic health services (%) ³	83.0	≥ 60
Infant mortality rate (/1000) ⁴	52.0	≤ 50
Maternal mortality rate (/100,000) ⁵	300.0	≤ 100
Gross female enrolment rate at primary level (%) ⁶	71.6	≥ 75
Adult female literacy rate (%) ⁷	64.8	≥ 50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

² United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

³ UNICEF, *The State of the World's Children, 1995*. Data cover the period 1985-1993.

⁴ United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992.

⁵ UNICEF, *The State of the World's Children 1995*, which is based on data compiled by WHO. Data cover the period 1980-1992.

⁶ United Nations Statistical Division, *Women's Indicators and Statistics Database*, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.

⁷ UNESCO, *1996, Education for All: Achieving the Goal: Statistical Document*.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 1995	4,123	Annual population growth rate (%)	2.59
Population in year 2000 (000)	4,694	Urban	3.40
Sex ratio (/100 females)	99.5	Rural	1.19
Per cent urban	63	Crude birth rate (/1000)	33.5
Age distribution (%)		Crude death rate (/1000)	5.8
Ages 0-14	43.6	Net migration rate (/1000)	-1.8
Youth (15-24)	21.2	Total fertility rate (woman)	3.85
Ages 60+	4.5	Life expectancy at birth (years)	
Percentage of women aged 15-49	47.9	Males	65.8
Median age (years)	17.8	Females	70.6
Population density (/sq. km.)	32	Both sexes	68.2
		GNP per capita (U.S. dollars, 1994)	330

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, *World Population Prospects: the 1996 Revision*; Annual population growth, including urban and rural data are from DESIPA, *World Urbanization Prospects: the 1996 Revision*. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1998-2001 to assist the Government of Nicaragua in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of \$11.4 million, of which \$8.4 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of \$3.0 million from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's fifth programme of assistance to Nicaragua.

2. The proposed programme was developed following a programme review and strategy development (PRSD) mission that visited the country in April 1997. The PRSD was conducted in close cooperation with governmental and non-governmental organizations (NGOs). The programme's overall goal is to improve access to and availability of reproductive health, including family planning and sexual health, services in poor rural and urban areas. It takes as a priority the integration of population issues into national policy formulation and municipal planning. Increasing awareness of population issues through advocacy and information, education and communication (IEC) activities is embedded in all programme activities. The programme addresses gender inequities at the household and macro-levels, as well as how such inequities affect women's ability to negotiate their rights and obtain access to services and information. The proposed programme will be implemented in close collaboration with bilateral donors and other United Nations agencies and organizations. It is harmonized with the UNDP programme.

3. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and the objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

4. Nicaragua is the second poorest country in Latin America, following a decade of economic decline and recent low per capita economic growth. Between 50 and 70 per cent of the country's labour force is underemployed or unemployed. The country has one of the highest annual population growth rates in the Americas. Under the Fund's new approach for resource allocation, Nicaragua is classified as a category "A" country. Maternal mortality rates are high: official figures put the number at 159 deaths per 100,000 live births, but informal estimates calculate the rate to be closer to 300 deaths per 100,000. Profound -- and in some case increasing -- disparities in levels of poverty exist between regions and socio-economic groups as well as in access to health and education services. Fertility rates range from 2.4 for educated and better-off women to almost 7 among poor and uneducated women and from 3.2 in urban areas to 6.4 in rural areas.

5. Nicaragua's adolescent fertility rate is already the region's highest (158 births per 1,000 adolescent women) and continues to increase. In 1996, 27 per cent of all births were to women 10-19 years of age. Factors contributing to adolescent fertility include early sexual activity and the frequency of early marriages. High rates of teen pregnancy also stem from low levels of contraceptive use, which is the result of limited access to services and information. Abortion rates are extremely high: between 16 and 21 per cent of all pregnancies end in abortion. One local NGO reported that 51 per cent of its female clients for reproductive health services had had at least one abortion. Unsafe abortions account for almost one quarter of all maternal deaths (1990-1991), and this figure is probably underestimated.

6. The latest family health survey (1992-1993) showed a contraceptive prevalence rate of 48.7 per cent. The Ministry of Health estimates the current rate to be about 55 per cent, which would reach the ICPD threshold. As with other indicators, there are distinctions between urban and rural sectors; contraceptive use is lower in the countryside. Female sterilization is the preferred method (18.5 per cent of women in union) followed by pills (12.9 per cent), intra-uterine devices (IUDs) (9.3 per cent), condoms (2.6 per cent), rhythm (2.6 per cent) and other methods, including injection, withdrawal and vasectomy (2.8 per cent). There is very limited use of condoms and male sterilization and limited male involvement in responsible parenthood. This is particularly true in rural areas.

Previous UNFPA assistance

7. UNFPA's fourth country programme was originally approved for the period 1994-1996 and was later extended through 1997. The programme was approved for a total of \$7.5 million from regular resources and \$2 million from multi-bilateral resources, which were received from Norway, Luxembourg and the European Union. The programme was originally formulated and executed at a difficult transitional period of the country's history, and in the intervening period Nicaragua has increased its capacity for national execution. Over 50 per cent of the programme was executed by governmental institutions and national NGOs. By the end of 1997, the total allocation of the fourth programme will have been spent: 75 per cent to support reproductive health activities, 14 per cent for activities in the area of population and development strategies, 3 per cent for advocacy and 8 per cent for multisectoral activities.

8. To prevent duplication and inappropriate use of resources, the programme channelled resources through a limited number of governmental and non-governmental organizations. The strategy yielded positive results. However, such focused application resulted, by definition, in limited outreach. There is a need to extend the scope of institutions being supported, targeting those with established and relevant networks at the local level and in rural areas.

9. The past programme showed the importance of awareness of and commitment to population issues by national leaders in order to achieve overall programme success. The past programme

successfully emphasized information and education to increase demand for reproductive health services. This approach will be replicated under the proposed programme. A successful feature for attracting the interest of international funding agencies and local institutions for collaborative efforts was the development of high quality, specialized educational packages for a variety of audiences. The proposed programme will expand on this process.

10. Focusing funding towards strategic and innovative activities at the central level while directing the major bulk of funds to local levels, especially for human resource development, proved to be the correct strategy to ensure strengthening of services in spite of public policy uncertainties. Furthermore, supporting the efforts of the public sector to develop norms and policies and using NGOS for implementation of activities facilitated the improvement of quality and efficiency in the provision of services and in carrying out related IEC activities. The proposed programme will continue this strategy as far as possible.

11. Data derived from the population and housing census of 1995, which was the first in 25 years, have not yet been fully exploited, largely because of inadequate human resources trained in data analysis and the narrow dissemination of the census results. National and municipal personnel require training to analyse and use such data for programme development. There is therefore a need to strengthen and support human and institutional capacity in order to ensure wider dissemination and use of the census information, with special emphasis on the local level.

12. Due to its comprehensive approach to population, recognized technical competence and capacity to mobilize resources, the Fund was able to actively support the formulation of a national population policy. The Fund is now poised to support the Government in its formulation of a related plan of action.

Other external assistance

13. During the last two decades, international cooperation has played an integral part in Nicaragua's socio-economic development. Between 1990 and 1996, Nicaragua received \$4.4 billion in international assistance, 16 per cent of which was directed to equipment, training and the health and education infrastructure. With UNFPA, the United States Agency for International Development (USAID) is the major source of support for reproductive health and family planning activities. Its support includes assistance for the development of local capacities for primary health care. USAID is also providing support to improve the national capacity for distribution of medical inputs and for the training of health personnel in child and maternal health. It supports PROFAMILIA, which is the country's most important national NGO in reproductive health and family planning. USAID funds 18 projects executed by private international organizations in primary health care, environmental conservation and small-scale employment creation enterprises.

14. The Swedish International Development Cooperation Agency (Sida), the World Bank, the Inter-American Development Bank (IDB), the German Gesellschaft für Technische Zusammenarbeit (GTZ), the European Union, the Netherlands, the Pan American Health Organization (PAHO) and UNICEF are supporting primary health care and improving the managerial capacity of the Ministry of Health through local projects. This large volume of assistance, however, addresses only a few of the components of reproductive health. Assistance from some donors does focus on reproductive health but only in narrow geographical areas: Norway is funding a project to strengthen reproductive health services in three locations; Finland is about to fund a project on women's empowerment and reproductive health in selected municipalities; Sweden supports the provision of medicines and medical equipment, primary care training for local health promoters and educational activities aimed at women's empowerment with projects executed by PAHO and UNICEF.

15. Thus, while several donors are active in primary health care, and some devote resources to reproductive health, UNFPA is the only funding agency to support a comprehensive approach to population and reproductive health interventions. Several national institutions and agencies are interested in addressing adolescent pregnancy as a national problem, but each focuses on the problem from a particular sectoral perspective. The Fund's leadership is needed in order to advance the ICPD perspective in national efforts and to promote donor cooperation. UNFPA is well positioned to support institutional coordination and the development of holistic approaches, because of its mandate and experience in policy formulation, the provision of services, IEC, advocacy, research and data collection. In 1995, a national population census was possible largely due to UNFPA's established credibility; only when the Fund decided to participate did other donors become interested. Additionally, UNFPA has for several years been the international community's reference point for demographic information. The Fund is an important catalyst for mobilizing resources and efforts to raise the quality of population data and to enable the use of such data for national and local planning.

Proposed programme

16. The proposed programme is guided by the need to address demographic growth and the unmet demand for family planning. Reproductive health, approached in a comprehensive manner, is an overall priority. The programme will contribute to the national goal of ensuring universal access to reproductive health services to all couples and individuals at appropriate ages. The programme's primary objectives are to increase utilization of reproductive health services in rural and extremely poor areas and to increase political support and technical capacity for the consideration of population and gender issues in poverty alleviation and sustainable development efforts. The overall strategy is to expand and strengthen the quality of services and education for both men and women and to provide special programmes for adolescents. Gender equity and equality and women's participation in national and local development efforts will be a cross-cutting theme. The programme is designed to reinforce the participation of NGOs and civil society, and to enhance donor coordination.

17. Reproductive health. In the area of reproductive health the proposed programme will support three subprogrammes: (a) improved access to reproductive health in poor rural and urban areas; (b) better adolescent reproductive health; and (c) enhanced national capacity for reproductive health services at both the local and national levels.

18. The first subprogramme focuses on improving access to reproductive health services provided by governmental and non-governmental organizations. It targets poor rural areas in 10 departments as well as under-served sections of Managua for improved services and information. The rural component of this subprogramme makes use of 1,000 "community base homes". In Managua, the subprogramme focuses on increasing the availability of and access to family planning methods and counselling for "maquila" workers and persons covered by the social security system, by working with hospitals and workplace health centres. These efforts will be accompanied by training for service providers as well as by IEC and advocacy activities. The Fund will support the establishment of a post-partum IUD insertion programme in 17 departmental hospitals. All services and IEC activities will respond to women's needs for contraceptive control and will foster increased male participation in family planning and responsible parenthood.

19. The second subprogramme addresses adolescent reproductive health in urban and rural areas through advocacy, technical assistance, training and sociocultural research, with a primary emphasis on improving adolescents' access to services and information. Technical assistance will be given to the Ministry of Health to support the formulation of a sexual and reproductive health component in the National Health Plan for Adolescents and to facilitate the preparation of national norms on adolescent sexual health for use by medical personnel. The Fund will also support the expansion of IEC and service models successfully developed in the previous programme. These models have both an urban and a rural version.

20. In order to better understand adolescent values and attitudes towards sexual and reproductive health issues, and thereby tailor the subprogramme's activities, sociocultural research will be undertaken. At the end of the programme, 17 primary health centres, one in each departmental capital, will offer reproductive health services to adolescents. Young people will also be reached through vocational training institutions of the Ministries of Labour and Agriculture with programmes that encourage the empowerment of women and provide information on reproductive health.

21. The third subprogramme emphasizes enhancing human resources for improving the national capacity for reproductive health services and IEC. The subprogramme's strategy is to provide technical assistance to the graduate program at the Nicaragua National University and fellowships for postgraduates. Support will also be given to three other higher education medical institutions to train 700 health personnel in reproductive health service and counselling. Furthermore, 200 students from other fields, including education, psychology and journalism, will receive basic training on reproductive health and IEC issues.

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22. Population and development strategies. In the area of population and development, the proposed programme will support one subprogramme focused on population policy and socio-demographic information. The subprogramme aims to improve Nicaragua's technical capacity to implement its national population policy. Another priority is to strengthen the country's ability to collect socio-demographic data and to utilize it in local planning. The ability to undertake research at national and local levels will also be strengthened. Technical and financial assistance will be given for training of staff of the Ministry of Social Action and its technical bodies for the formulation, execution and updating of the national programme of action. To strengthen the capacities of municipalities and local NGOs to formulate, monitor and evaluate health and education projects, the programme will support dissemination of population information. It will also support the training of approximately 120 local government officials and NGO representatives in socio-demographic data analysis and in basic reproductive health and gender issues in 20 municipalities.

23. Advocacy. As mentioned above, advocacy remains an important cross-cutting activity in all of the Fund's programming in reproductive health and population and development strategies.

Implementation, monitoring, evaluation and coordination

24. The proposed programme will rely primarily on national institutions for execution. Nicaragua has technical and administrative personnel familiar with UNFPA's mandate, rules and procedures. Use of local government units will be the preferred method of execution. Also, NGO collaboration will be actively promoted since past experience shows that these groups are successful in reaching rural areas and tend to be well accepted by the populations they serve. Most development agencies focus their efforts at the local level. With this in mind, special attention will be given to establishing alliances with other specialized agencies and organizations at work in various areas of the country. Such partnerships will enable reproductive health to be integrated into the wider development agenda. The same approach will be taken with bilateral actors and international NGOs that have interests in such areas as gender and human resource development.

25. UNFPA will undertake direct execution of those components of the programme in which it has a relative advantage such as the provision of medical commodities, including contraceptives. Technical backstopping will mainly be provided through the technical support services systems. Short-term international consultants may be used to respond to specific programming needs. To support the management and technical backstopping of the reproductive health subprogrammes there might be a need to recruit a resident chief technical adviser. The country office would be staffed by a UNFPA Representative, one junior professional officer, one national programme officer, one finance assistant and three support staff. The UNFPA Representative would also be responsible for Costa Rica and Panama. By placing priority on national execution, the programme will require UNFPA to have three national project professional personnel for training of project counterparts in

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management skills and thematic areas; to foster coordination between NGOs and the Government; and to monitor project execution.

26. The proposed programme will be reviewed at its midpoint in late 1999. Substantive achievements will be assessed and if strategy modifications are required, these will be recommended. All through the programme's implementation, qualitative and quantitative indicators based on programme objectives will be used to monitor progress and guide management decisions. The Fund's country office has in place a system for progress monitoring of individual components. Annual programme review meetings, preceded by the submission of annual subprogramme reports, will facilitate continuous feedback on the implementation process. The programme will undergo a final evaluation in preparation for the next PRSD and programming cycle.

27. As stated, under the proposed programme reproductive health activities will be given the highest priority. Of the total amount of \$6 million of regular resources that are to be devoted to that programme area, \$2.9 million will be provided for the subprogramme designed to improve access to reproductive health services in rural and poor areas of the country; \$2.3 million will go to the subprogramme aimed at improving adolescent reproductive health; and \$800,000 will be allocated for the subprogramme concerned with enhancing human resources. Of the total of \$3.0 million of multi-bilateral resources that will be sought for reproductive health activities, \$1.7 million has already been committed from Norway, the European Union and Luxembourg. The fourth subprogramme will be for \$1.8 million for activities in the area of population and development strategies.

Recommendation

28. The Executive Director recommends that the Executive Board approve the programme of assistance for Nicaragua, as presented, in the amount of \$11.4 million over the period 1998-2001, \$8.4 million of which would be programmed from UNFPA's regular resources to the extent such resources are available, and the balance of \$3.0 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.
